

## Town of Fort Myers Beach Summer Camp Participation Supplemental Information and Behavior Contract **Bay Oaks Recreation Center**

Participant's Name:		_ Age:	
Address:			
City: State:	Zip:		
Daytime/Work Phone #:	Cell# :		
Home #:	-		
Allergies:			
Comments and Concerns:			
Does participant know how to swim'	? Yes No		
It participant permitted to walk/bike	home? if yes, what ti	me should participant leave the	
Rec center?			
Emergency Contact Name:		hone:	
Emergency Contact Name:	Phone	e:	
Signature of Parent of Guardian  The participant and parent/guard	<u> </u>	<u> </u>	
I,		es which are included below and	
when we are on field trips and during	g special activities.		
<ol> <li>I will participate in all a</li> <li>I will follow the instruct</li> <li>I will not fight or verbal</li> <li>I will be polite and cond</li> <li>I will use appropriate la</li> <li>I will conduct myself in while attending Club Ro</li> </ol>	tions of all program staff. lly abuse another person. luct myself properly. anguage a safe manner and try to ke	eep a positive attitude	
Participants signature Site Director's Signature:	Parent/Guardian Signatur	re Date	

<sup>\*</sup>Parent and Child: Please be advised that failure to adhere to this agreement could result in a suspension or possible withdrawal from the facility.